



DEPARTMENT OF CONSUMER PROTECTION  
LICENSE SERVICES  
165 CAPITOL AVENUE – ROOM 110 – HARTFORD, CT 06106

**IF THE SUBDIVISION YOU INTEND TO REGISTER HAS BEEN REGISTERED OR APPROVED PURUANT TO THE LAWS OF ANY OTHER STATE OR JURISDICTION, PLEASE COMPLETE THE FOLLOWING AND SUBMIT AS ONE COMPLETE APPLICATION PACKAGE:**

1. COMPLETED APPLICATION FORM – see attached
2. APPOINTMENT OF ATTORNEY FOR SERVICE OF PROCESS
  - a. Complete the Appointment of Attorney for Service of Process form - see attached
  - b. Mail the original and a \$25.00 check made payable to "The Secretary of State" to:

Office of the Secretary of State  
30 Trinity Street  
Hartford, Connecticut 06106
  - c. Send certified copy to the Department as part of this complete application
3. COPY OF ALL MATERIALS AND DOCUMENTATION – see section 20-329m-6(2)
4. CERTIFICATE OF APPROVAL – see section 20-329m-6(3)
5. FILING FEE OF \$300.00 AND INITIAL FEE, computed as provided in section 20-329f(b) - Check payable to "Treasurer, State of Connecticut"

STATE OF CONNECTICUT  
**DEPARTMENT OF CONSUMER PROTECTION**  
 165 Capitol Ave, Hartford, CT 06106  
 (860) 713-6150 [www.ct.gov/dcp](http://www.ct.gov/dcp)



**INITIAL APPLICATION**  
**(Registered in another jurisdiction)**

**1. DATE OF APPLICATION (mm/dd/yyyy):**

**2. DEVELOPMENT INFORMATION**

1. Name of Development:
2. Current Size of Development
  - a. Number of lots/units/interests:
3. Type of Development: (*check box*)
 

Multisite/specific	Singlesite	Subdivided Lots
Multisite/nonspecific	Other (describe):	
4. For what use will the property be offered? (*check box*)
 

Residential	Recreational	Industrial
Agricultural	Commercial	
Other (describe):		
5. Address of Development:
 

City:	Telephone Number:
State:	Fax Number:
Zip Code:	

**3. DEVELOPER INFORMATION**

1. Contact Information
 

Name:	
Company (if applicable):	
Business Address:	
City:	Telephone Number:
State:	Fax Number:
Zip Code:	E-mail:
2. FEIN Number:
3. List all jurisdictions in which this registration is/has been
  - a. Approved:
  - b. Pending:
  - c. Denied:
4. Has the developer or any of the corporate directors or officers ever been the subject of a final adverse disposition in a disciplinary proceeding within the past 5 years? Yes No  
 If yes, please attach a statement providing the date(s) of conviction(s) and a brief description

*I hereby swear that I have reviewed and verified the truth, authenticity and accuracy of all papers, maps, plats, plans, drawings, photographs, permissions, licenses, documents, deeds, instruments and promotional material, including but not limited to the sales prospectus or property report which is to be used in every offer of disposition in this state of any subdivision or lot, parcel, unit or interest in any subdivision, and that all said materials and documentation reasonably portray the facts relating to the subdivision and any lot, parcel, unit or interest therein and its situation and location, and that said materials and documentation are in no way misleading and subject to misinterpretation by the public.*

Signature of Developer:

Date:

**4. CONNECTICUT RESIDENT BROKER INFORMATION**

Name of Broker:	
Name of Company:	
License Number: REB	
Business Address:	
City:	Telephone Number:
State:	Fax Number:
Zip Code:	E-mail:

*I am a Connecticut resident duly licensed in the state of Connecticut as a real estate broker who has agreed to represent the above named out-of-state development for the year specified on the license application by the developer. I am obligated to keep my real estate broker's license renewed and effective to be eligible to represent the out-of-state development. I will notify the developer in writing when my real estate license is no longer active.*

Signature of Broker:

Date:

**5. MAILING ADDRESS (to whom all correspondence should be directed)**

Name of Person & Title:	
Name of Company or Law Firm:	
Business Address:	
City:	Telephone Number:
State:	Fax Number:
Zip Code:	E-mail:



CONNECTICUT SECRETARY OF STATE'S OFFICE

30 TRINITY STREET  
HARTFORD, CT 06106

**APPOINTMENT OF ATTORNEY FOR SERVICE OF PROCESS**

C.G.S section 20-329c

Name of Limited Liability Company:\_\_\_\_\_.

Registered under the laws of:\_\_\_\_\_.

Address of the Executive Officer:\_\_\_\_\_.

The limited liability company appoints the Secretary of State of Connecticut and his successors in office, to be its attorney upon whom all process in any action or proceeding against it, may be served. The limited liability company agrees that any process against it which is served on the Secretary of State shall be of the same legal force and validity as if served on the limited liability company, and that this appointment shall continue in force as long as any liability remains outstanding against the limited liability in Connecticut.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

Managing Member:\_\_\_\_\_.

State of:\_\_\_\_\_.

County of:\_\_\_\_\_ Date:\_\_\_\_\_.

Personally appeared and acknowledged the same to be their free act and deed, before me.

Notary Public:\_\_\_\_\_.